

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P38293

1. Entity Name

VITAL SIGNS SALES CORPORATION

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90174 015 ***150.00

Principal Place of Business

Mailing Address

20 CAMPUS ROAD
TOTOWA NJ 07512

20 CAMPUS ROAD
TOTOWA NJ 07512-1210

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-3158218

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75-Additional -
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	WALL, TERENCE D.	
STREET ADDRESS	160 LLOYD ROAD	
CITY-ST-ZIP	MONTCLAIR NJ	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WICKER, BARRY	
STREET ADDRESS	75 CHEROKEE COURT	
CITY-ST-ZIP	SPARTA NJ	
TITLE	VT	<input type="checkbox"/> Delete
NAME	COLE, RORY	
STREET ADDRESS	445 ALPS ROAD	
CITY-ST-ZIP	WAYNE NJ	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DIMUN, ANTHONY J.	
STREET ADDRESS	3 QUEEN ROAD	
CITY-ST-ZIP	EAST BRUNSWICK NJ	
TITLE	AS	<input type="checkbox"/> Delete
NAME	EHRENBURG, PETER H.	
STREET ADDRESS	450 WEST END AVE., #4B	
CITY-ST-ZIP	NEW YORK NY	
TITLE	AT	<input type="checkbox"/> Delete
NAME	DIMUN, ANTHONY J.	
STREET ADDRESS	3 QUEEN ROAD	
CITY-ST-ZIP	EAST BRUNSWICK NJ	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/00

973 790-1330

CR2E034 (9/99)